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| | |
|---|---|
| DATE | May 5, 2005 |
| NAME | Examiner Barbara N. Burgess |
| COMPANY | **USPTO** |
| FAX NUMBER | (703) 872-9306 |
| FROM | **Gregory J. Kirsch** |
| REFERENCE NO. | Serial No. **09/742,091** |
| OUR FAX NUMBER | 678-420-9301 |
| NUMBER OF PAGES | 18 |

Please see attached.

CONFIDENTIALITY NOTE
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**ATTORNEY DOCKET NO. 16178.0003U1**
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of )
)
**Bauer, *et al.*** ) Art Unit: **2157**
)
Application No. **09/742,091** ) Examiner: **Barbara N. Burgess**
)
Filing Date: **December 22, 2000** ) Confirmation No. **6999**
)
For: **"METHOD AND SYSTEM OF COLLABORATIVE BROWSING"** )

**TRANSMITTAL LETTER**

Mail Stop **AMENDMENT**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

May 5, 2005

Sir:

Transmittal herewith is/are the following in the above-identified application:

- ☐ Preliminary Amendment
- ☒ Fee as calculated below
- ☐ No Additional Fee Required
- ☐ Corrected Drawings
- ☒ Petition to Extend Time
- ☐ Supplemental Declaration
- ☐ Terminal Disclaimer
- ☐ Other _____

| CLAIMS AS AMENDED | | | | | | |
|---|---|---|---|---|---|---|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID F | PRESENT EX | RATE | ADDITIONAL FEE |
| Total Claims | 20 | 28 | 0 | X $50.00 | $0.00 |
| Independent Claims | 2 | 3 | 0 | X $200.00 | $0.00 |
| ☐ First Presentation of a Multiple Dependent Claim | | | | + $360.00 | $0.00 |
| EXTENSION FEE | 1st Month $120 ☐ | 2nd Month $450 ☐ | 3rd Month $1020 ☒ | 4th Month $1590 ☐ | 5th Month $2160 ☐ | $1,020.00 |
| ☐ Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) - | | | | | | - $510.00 |
| TOTAL FEE DUE | | | | | | $510.00 |

272049

**ATTORNEY DOCKET NO. 16178.0003U1**
**APPLICATION NO. 09/742,091**

Payment:

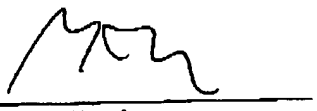
☐ A check in the amount of $_____ is enclosed.

☒ Payment by credit card in the amount of **$690.00** for the fees designated below: **$510.00** – three month extension of time; **$180.00** for filing Information Disclosure Statement pursuant to 37 C.F.R. §1.92(c)(2). (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of $____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.

☐ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.

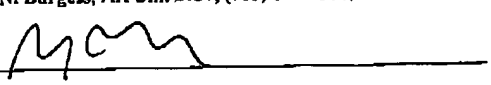


Gregory J. Kirsch
Registration No. 35,572

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Customer Number 23859
(678) 420-9300
(678) 420-9301 (fax)

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to: Examiner Barbara N. Burgess, Art Unit 2157, (703) 872-9306, on the date indicated below.



Gregory J. Kirsch

5 May 2005
Date



PAGE 3/19 * RCVD AT 5/5/2005 5:26:35 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/2 * DNIS:8729306 * CSID: * DURATION (mm-ss):09-14